ELA. (W.)

A CASE OF TYPHLOËNTERITIS

(*Ulceration of the Cœcum.*)

Operation: LAPAROTOMY, INTESTINAL SUTURE.

RECOVERY.

BY

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Reprinted from the Boston Medical and Surgical Journal of February 6, 1890.

presented by the author

BOSTON:
DAMRELL & UPHAM, PUBLISHERS,
283 Washington Street.
1890.

S. J. PARKHILL & CO., PRINTERS
BOSTON

A CASE OF TYPHLOENTERITIS.

Ulceration of the Cœcum; Operation; Laparotomy; Intestinal Suture; Recovery.[1]

BY WALTER ELA, M.D.,
Visiting Physician to the Cambridge Hospital.

T. K., a boy of seven years, entered the Cambridge Hospital on the evening of December 5, 1889, with a temperature of 103.5°, pulse 138 and respiration 22. He was seen by me the following morning, when his countenance was anxious and pinched, tongue covered with a thick, white fur, knees drawn up, abdomen much distended, and so tender everywhere that no examination could be made.

Before etherizing him it was deemed best to have his parents present, and to obtain the previous history of the case from his former attendant, Dr. F. W. Taylor, who said that a week before the boy was taken with abdominal pain. After a dose of castor oil he had several loose dejections. When seen for the first time three days later, his legs were drawn up; he complained of pain in the right iliac region, where there was dulness on percussion, and resistance on palpation, and extreme tenderness in the right lumbar region. No nausea nor vomiting since the first day. During the week the temperature had ranged from 101° to 104° and the pulse from 120 to 130.

In the afternoon of the day I first saw him, an examination under ether showed the abdomen distended and tympanitic, except in the right iliac and lumbar regions where there was dulness and a marked feel-

[1] Read before the Cambridge Medical Improvement Society, December 30, 1889.

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Rather than establish an artificial anus in the right groin, owing to the necessity of drainage-tubes, and for other reasons, the intestinal ulceration was closed by fourteen fine silk sutures introduced after the Lembert method, the outer ones going well beyond the rent. The edges of the ulceration were left intact. The sutured intestine was returned to the abdominal cavity which was thoroughly irrigated with plain water at a temperature of 105°. Cat-gut ligatures were applied to two bleeding points in the abdominal incision, and the ends cut closely off. The abdomen was again irrigated, as before, until clear water flowed. A long, fenestrated glass tube was passed into the pelvic basin, and a fenestrated rubber tube was placed directly downwards whence the pus originally came, and this was fastened to the skin. Five silk sutures passed through the skin, muscles and peritoneum approximated the edges of the wound. All fluid was removed from the peritoneal cavity that was possible. Antiseptic precautions were observed during the operation, which lasted two and a quarter hours, and the wound was dressed with iodoform and corrosive sublimate gauze. An enema of half an ounce of brandy was not retained, so he was given wine whey by the mouth. Heaters in bed.

During the night he slept four or five hours, and the next morning two drachms of yellow pus were removed from the tubes by suction with a syringe. Diet: peptonized milk and wine whey every hour, alternating. Enemata of peptonized milk were not retained. Wound dressed twice daily, removing by suction each time a small quantity of pus. Complained of slight pain in right flank. Temperature fell 3° after the operation; pulse remained as before; respiration fifty.

On December 8th was brighter after sleep from an

opiate. Glass tube was filled with clear serum. Pus and small coagula removed from rubber tube by suction. Abdomen not distended. Comfortable day. Takes nourishment well. The next morning he awoke refreshed, after a good sleep. He complained of some pain, perspired freely. Temperature 100°; pulse 94; respiration 25.

December 10th. Had two natural dejections in the night, the first one of a reddish color; the first one since taking the castor oil and four days after the operation. Quite a comfortable day. Only a small quantity of pus removed by suction from the rubber tube, none from the glass tube, which was removed to-day. Sutures cut through. Gaping wound approximated by adhesive plaster.

December 11th. Splendid night's sleep, comfortable day. Next day was hungry; had but little pain; slept without an opiate; tongue cleaning; natural dejection.

December 15th. Has natural dejections daily. Up to this date the wound has been dressed twice daily, but now once daily, as there is so little discharge. Sleeps well. Appetite good. He continues to improve day by day.

December 20th. Rubber tube was removed, as lumen was obstructed by granulations.

With the exception of the 22d when his temperature was 101° and his pulse 130, he steadily convalesced, feeling happy and well.

January 5, 1890. A month after entrance. Sat up in chair all day. Appetite good; temperature normal; bowels act naturally; has house diet.

January 17th. Six weeks after entrance. Wound is healed. He has gained considerable flesh. Discharged strong and well.

January 25th. Visited at his home. Continues perfectly well. Goes to school; and his mother says he is as well as ever.

This case is an instructive one, as showing that the abscess was not due to an appendicitis, and that the healthy appendix, though adherent, was not the primary cause of the disturbance. It shows that all cases of iliac abscess are not necessarily appendicitis. The lesson to be drawn from this case is to look for the possible ulcer of the intestine, as well as to the condition of the appendix, as, if this is overlooked, though the patient recovers, the result may be an artificial anus.

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